Page 1 of IFSP

Childs UIC #: Leave blank. Early On® Oakland obtains UIC's when children are entered into MSDS. **No other number should be entered into this space.**

Date: The date of the IFSP Team Meeting**,** which should be within 45 calendar days from the date
of referral.

Child Information

NOTE*: All the information in this section is a Federal requirement and entered into the*
Early On® data management system.

Complete the top section of the form using the child's legal name, date of birth, gender and complete address.

Ethnic Heritage: Have parent(s) choose the group they most identify with. Choose only one.

Native Language: Record the language normally used by the child as identified by the family. Remember to consider sign language as a language option.

Resident District: This is the school district that serves the community in which the family currently lives.

Operating District: If the child is receiving programs/services from a school district, but the programs/services are provided by a district other than the one in which the family lives, note the operating district here.

Family Information

Choose the one box that best describes the relationship of the adult completing this form, to the above named child. All of the following categories fall under the Part C definition of a parent. However, the biological or adoptive parent must be presumed to be the parent unless they do not have the legal authority to make educational decisions.
Parent: A natural or adoptive parent(s) of a child.
Guardian: An individual who is legally responsible for a child's welfare (but not the State, if the child is a ward of the State.)
Family Member: An individual acting in the place of a natural or adoptive parent(s), including a grandparent, step parent or other relative, with whom the child lives.
Foster Parent: A foster parent is an individual who is approved and licensed by the Department of Human Services to provide a substitute family life experience to children who are under the jurisdiction of Family Court or children whose parents have voluntarily released their parental rights.
Surrogate Parent: A surrogate parent is appointed by the Department of Human Services (DHS) under three very limited circumstances: 1) no parent can be identified; 2) the foster care agency cannot discover the whereabouts of a birth parent and reasonable efforts have been documented; 3) the child is a ward of the

state or court and parental rights have been terminated. In most instances, a foster parent or kinship caregiver is appointed unless it is determined that they do not meet the criteria established by DHS, or they are unwilling or unable to serve in this capacity.

Page 1 of IFSP (Continued)

Family Information (Continued)

Name and Address: Complete this section of the form using parent/guardian name(s), address (if different than child) and telephone number(s).

Native Language: Early On® is required to explain information to families in their native language. Native language means the language a family normally speaks, or in their typical means of communication. Keep in mind that there may be several different means of communication in one home, and different family members may report different native languages.

In this box record the language normally spoken by the adult completing this form.

Interpreter Needed: If a family needs an interpreter to understand English, if they use sign language, or if there are other circumstances that make an interpreter necessary, one must be provided to them. Check whether or not this family needs an interpreter.

Interpreter Provided: If the "yes" box above is checked indicating that an interpreter is needed, indicate whether or not it was provided. If an interpreter was not needed and not provided, check "no."

Eligibility

NOTE: *When children between birth and three years have significant special needs and qualify for Special Education, they are part of two systems – Michigan Special Education and Early On® (Part C.) Typically these children are those who are 2 or more standard deviations below the general population, or 50% delayed, in at least one developmental area. Because these children automatically meet the Early On® guidelines for eligibility as their delay exceeds the 20% standard, they qualify for both systems.*

The following information provides guidelines for Early On® eligibility:

Age	Percent Delay	Determination
Birth to 2 months	• Any delay	• Informed clinical opinion
3 months to 36 months	• 20% delay in one or more developmental area (or equivalent standard	• Developmental evaluation • Informed clinical opinion • Existing educational or

	deviation delay score) **OR** • An established condition	medical records

Established Conditions: Children with established conditions are those from birth to 3 years who have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay. The categories of established conditions are (but not limited to):

1. Chronic Illness
2. Neurological Disorder
3. Congenital Anomalies
4. Endocrine/Metabolic Disorder
5. Hearing Deficiency
6. Mental Health Condition
7. Atypical Developmental Disorder
8. Toxic Exposure
9. Chromosomal Anomaly/Genetic Disorder
10. Infectious Conditions
11. Fetal/Placental Anomalies

Page 1 of IFSP (Continued)

Eligibility (Continued)

The following information describes the Michigan Special Education Eligibility Categories:

Eligibility Categories

R 340.1705 Cognitive Impairment (CI)
R 340.1706 Emotional Impairment (EI)
R 340.1707 Hearing Impairment (HI)
R 340.1708 Visual Impairment (VI)
R 340.1709 Physical Impairment (PI)
R 340.1709a Other Health Impairment (OHI)
R 340.1710 Speech & Language Impairment (SLI)
R 340.1711 Early Childhood Developmental Delay (ECDD)
R 340.1713 Learning Disability (LD)
R 340.1714 Severe Multiple Impairment (SXI)
R 340.1715 Autism Spectrum Disorder (ASD)
R 340.1716 Traumatic Brain Injury (TBI)
R 340.1717 Deaf-Blindness (DB)

Check the appropriate box or boxes to indicate eligibility. The local district will always check either the second or the third box, since Special Education eligibility is always determined at the same time as Part C eligibility.

❑ **Eligible for Early On® Part C Only:** If the child is NOT eligible for Michigan Special Education programs or services, but qualifies under Early On® guidelines, check this box. Indicate whether or not eligibility is a result of developmental delay or established condition. The third box, **evaluated for Michigan Special Education and found ineligible**, should also be checked. An IFSP reflecting Early On® eligibility and Part C Only services must be developed.
See instructions under third bullet "❑ Evaluated for Michigan Special Education and found ineligible."

❑ **Eligible for Early On® Part C and Michigan Special Education:** If the

child is eligible for Michigan Special Education he/she is also eligible for Early On® and the entire IFSP must be developed unless the child will be placed in a 619 program. Check the box indicating eligibility for both and list the specific eligibility rule number (1705-1717) in the space provided.

Page 1 of IFSP (Continued)

Eligibility (Continued)

❑ **Evaluated for Michigan Special Education and found ineligible:** If the child is not eligible for Special Education, check box indicating evaluated but found ineligible. This box should be checked whether or not the child is found eligible for Part C Only.

WHEN REFERRED TO THE LEA FROM OAKLAND SCHOOLS:
If child is eligible for Part C Only, the first box in this section should be checked and a Part C representative (either Oakland Family Services or Oakland County Health Department if child has a public health nurse noted on the referral form) is invited to the IFSP meeting.

If a Part C representative is not able to participate in the meeting, the local district will develop the initial IFSP so that the 45 day timeline is met. Be sure to indicate an LEA representative as the Service Coordinator on page 1 and 6, not an OFS Service Coordinator or Public Health Nurse. There must also be at least one child outcome identified, based upon the child's needs.

Services for children who are Part C Only should be written according to examples below:

❑ Oakland Family Services (No Public Health Nurse identified on Early On® referral)

Service #1: Family Training, Counseling and Home Visits (03)							
Frequency (# of Days or Sessions) 8-10 sessions	Length of Session 45-60 min.	Intensity **X** Individual ❑ Group	Method Direct Service	Start Date 9/01/16	End Date 8/31/17	Location **X** Home ❑ Community ❑ Other	Payor **X** Early On® ❑ LEA ❑

❑ Oakland County Health Division (Public Health Nurse involvement identified on Early On® referral)

Service #1: Nursing (06)							
Frequency (# of Days or Sessions) 8-10 sessions	Length of Session 30-45 min.	Intensity **X** Individual ❑ Group	Method Direct Service	Start Date 9/01/16	End Date 8/31/17	Location **X** Home ❑ Community ❑ Other	Payor ❑ Early On® ❑ LEA **X** OCHD

Be sure the parent(s) understand that the local school district is not the service provider and that service coordination and provision will be transferred immediately to either Oakland Family Services or Oakland County Health Department. Email either the district's OFS representative or the Public Health Nursing Supervisor identified on the referral within 2 days of the IFSP meeting to notify them of the transfer. Copy and send all paperwork to the new Service Coordinator by fax, secure email or mail within 1 week. *The entry outcomes and pages 1 and 6 of the IFSP must still be faxed to Oakland Schools. The local district is responsible for all timelines and requirements until the new Service Coordinator receives the transfer paperwork.

If the child is found ineligible for both Special Education and Early On®, the local district must inform Early On® Oakland by email or fax to Laurie Leonard that a child was evaluated and determined to be ineligible for both. This should be extremely rare as all inquiries and referrals are screened at intake and disseminated based upon identified needs.

Page 1 of IFSP (Continued)

Eligibility (Continued)

WHEN REFFERED TO THE LEA BY PART C ONLY WITH AN EXISTING IFSP:
When the child has an existing Part C Only IFSP, and is later found ineligible for Special Education, he or she will continue to be serviced under the existing IFSP. Be sure the parents understand that the child is still eligible for Early On® even though they did not meet eligibility criteria for special education. Inform parents their service will continue as described in the current IFSP.

Email the Part C Service Provider who made the Special Education Request for

Evaluation to notify of the child's ineligibility within 3 calendar days of the DNQ IFSP meeting.

There is no need to complete pages 3, 4 and 5 of the DNQ IFSP. Go to page 6, complete Team Members and Contributors section, and select the third box in Prior Written Notice. Have parent check first box in Parents Signature and Consent section, then sign and date.

Referral Date: The referral date is when the **first** call, email or fax is received at any Early On® site, **NOT** when an agency returns a phone call or parent signs consent. However, if the child already has an IFSP and the district is holding an IFSP meeting following an evaluation to determine Special Education eligibility, the referral date is the date that appears on the request for Special Education Evaluation form.

Transfer Date: If the child came with a current IFSP from a Service Provider outside of your agency, record the date the child transferred to you here.

IFSP Date: Record the date the IFSP was completed. If a transition plan was completed during this meeting, check the box.

Check the appropriate box indicating the purpose of this IFSP:

- ❑ **Initial:** The purpose of the initial IFSP is to determine initial eligibility for Early On® and /or Michigan Special Education. A child will only have one initial IFSP, regardless of how many different agencies in Oakland County may be involved. An Evaluation Team member must participate to share evaluation information.

- ❑ **Annual:** The purpose of the annual review is to review and/or revise the IFSP, any recent assessments, and educational placement at least once every 12 months.
  The annual review must take place within 1 year of the anniversary date of the last IFSP,
  but can occur more frequently if needed.

Service Coordinator: Identify the Part C representative assigned to the family. This is the person who will ensure that the child and family receive the services and supports as identified on the IFSP while the child is enrolled in Part C.

Include name, phone, agency and address in the space provided.

Justification for not completing the initial IFSP meeting within 45 calendar days from the date of referral: Federal regulations mandate that IFSPs are completed within 45 calendar days of the initial referral date. Delays should be rare and must be family initiated. Check the appropriate box and explain the justification in the space provided.

Page 2 of IFSP

Child's Current Developmental Status

Chronological Age: Record child's age in months.

Adjusted Age (if premature): When infants are born three or more weeks early, chronological age must be corrected. The adjusted age is calculated by subtracting the number of weeks or months of prematurity from the extra-uterine, or chronological, age. Chronological age should be adjusted only during the first two years.

Date of Multidisciplinary Evaluation: Record date team completed evaluation process.

For Initial Eligibility: Initial eligibility for Early On® is determined by informed clinical opinion by a multi-disciplinary assessment team which includes parent(s) and considers multiple sources of information. The sources shall include, at a minimum:

1. A developmental history as currently reported by the parent(s) and/or primary care giver.
2. An observational assessment of the infant or toddler with parent(s) and/or primary care giver.
3. A recent health status appraisal.
4. An appropriate formal assessment measure (standardized developmental test, inventory or a behavioral checklist.) The formal assessment measure shall not be used as the sole criterion to determine the absence of a delay.

Developmental Evaluation: The purpose of the developmental evaluation is to systematically observe a child's behaviors and capabilities, to provide data to compare development to the general population and to identify areas of strengths and special needs. The information from the evaluation is especially helpful in the identification and development of outcomes, strategies and services.

Early On® Oakland recommends utilizing the IDA as the formal assessment measure. The IDA is a comprehensive, multi-disciplinary, family-centered process designed to identify children birth to three years with developmental delays.

Health Status: The purpose of the health appraisal is to obtain information about the child's past and current health status and physical development. The health appraisal must include a comprehensive exam conducted by a nurse, nurse practitioner, or physician which follows the standards set by the American Academy of Pediatrics. If a comprehensive exam has been conducted within the last 3 months for a child under the age of 18 months, or the last 6 months for a child over the age of 18 months, it is not necessary to repeat the exam. In those situations, a review of medical records can suffice.

To assist in the acquisition of information in this area, Early On® Oakland has developed a Health Appraisal Form included in this manual, which can be sent to a child's health care provider to be completed and returned to the Service Coordinator. If referencing the Health Appraisal Form in the IFSP, be sure to summarize feedback in the integrated evaluation report or attach it to the IFSP. If a completed Health Appraisal form is not returned, document efforts made to obtain a child's health status in the Early On® file.

Page 2 of IFSP (Continued)

Child's Current Developmental Status (Continued)

Developmental History: This is designed to obtain information directly from the parent(s) about the prenatal, peri-natal, and family life experiences that may have influenced the child's current development. The developmental history should also include information about daily caregiving, developmental milestones and the overall experience of parenting the child.

The developmental history can be obtained in a variety of ways. Early On® Oakland recommends using the IDA, which includes a parent report form intended to get information about the child's history, health and development from the family's perspective. Completing this portion of the IDA would meet the requirements of the child's developmental history. However, a developmental history can be obtained using other tools and/or during a family interview.

Observation of Child and Parent: The purpose of the observation is to obtain an understanding of child development within the context of the care-giving environment and across developmental domains. The observation should focus upon parent-child interaction during caretaking, play, or other activities.

An assessment of the parent-child interaction can be obtained during the administration of the IDA, as caregivers are asked to participate along with their child. In the event that parent(s) do not participate in the IDA as requested, observations of the parent-child interactions can be monitored in other care giving activities. Observations can be noted either on the Family Summary of Relevant Findings (page 13 of the IDA record) or in the IDA summary report.

NOTE: *For initial eligibility, all 9 areas are required. If recent evaluation (completed within the last 6 months) is available, check corresponding box and staple report to IFSP. Any documentation that supports decisions, must be* ***stapled*** *to the IFSP. Documentation that identifies actions taken in effort to obtain required information must be included in the child's file.*

If a report is attached, check the boxes provided. **No summary information is required** to be recorded on this page. However, still document information in the method/tool/date column. If there is not a report, or information from a specific section is omitted, record information as needed in the corresponding section.

Method/Tool/Date: Record the instrument used, the date of the evaluation, the person who administered the evaluation, and that person's title and agency affiliation.

Result of Developmental Evaluation: If no evaluation report is attached, and the first column is not checked, briefly summarize results of evaluation for each developmental domain. Be sure to include information regarding health, hearing and vision. Early On® Oakland has included a Hearing Screening Checklist, Vision Screening Checklist, and a Health Appraisal in this manual to help fulfill this requirement. If no concerns are present, state "no concerns at this time."

Present Level of Development: If no evaluation report is attached or if present level data is not included, record summary statements regarding child's current developmental status. Information regarding each of the 9 areas based upon the child's evaluation and assessments must be provided.

IFSP Page 3

Family Assessment, Concerns, Priorities and Resources

NOTE: *Federal regulations require that family concerns, priorities and resources are considered in the development of an IFSP. However, consent to the family assessment is voluntary. If a parent refuses to participate in the family assessment, a child can still receive Early On® supports and services.*

Complete this section of the form indicating the **person interviewed** the **date of the interview** and **who conducted the interview.** The family assessment must be completed through an interview process.

Family Declined Family-Directed Assessment: Check this box if family refused to participate in the interview.

Fill in the **Child Interest/Daily Routines, Family Resources**, **Family Concerns**, and **Family Priorities** sections using the parents words as much as possible.

Other services or programs the child or family participates in: Check the box(es) to indicate supports or services the family currently receives.

This information was gathered through a family-directed assessment using the following: Check all boxes that apply. A tool **MUST** be used.

Page 4 of IFSP

Child/Family Outcomes

NOTE: *The IFSP must contain a statement of the measurable results expected to be achieved. There must be at least one child outcome. If there are more than 3outcomes, insert an additional page to accommodate.*

Present Status: Briefly describe the child's or family's present situation as it relates to the stated
outcome.

Measurable Outcome: This is a statement about what the family wants to see change as a result of early intervention services and how the parent(s) and service providers will know progress has been made. An outcome statement must have four parts:

1. Who (person targeted): The person the goal is written for (i.e., child or family.)
2. What (behavior): The action the person will do to complete the goal. It should be observable.
3. How (criteria): The conditions under which the learning will take place.
4. When (timeline): The date by which the goal will be met.

Write each outcome in understandable language using the parent's words as much as possible. Be sure to include all four parts in the development of the outcome statement.

Criteria: Criteria determines at what level the skill is to be achieved and how it is to be measured. This describes how well or how often the person will have to do the behavior so it is known that the outcome was achieved. Performance criteria

can be written in terms accuracy rate, achievement level or other.

Procedures: The procedures describe by what method achievement is measured, or how achievement will be documented. Multiple procedures can be identified.

Time Frame: Over what period of time the skill or outcome is expected to be achieved.

Measurable Outcome	Criteria	Procedures	Time Frame
Maisie will feed herself using her spoon	At least 3 bites per meal for 3 meals per day	Documented by parent and/or Early Interventionist	Within 3 months
Kendal will step over thresholds in his house without help and without falling	At least 4 times per day	Documented by parent report	Within 6 months

Page 5 of IFSP

Early Intervention Services

Michigan Special Education Service: Identify the Michigan Special Education services that the child will receive. This list should not include options to consider, but rather the services that the child will receive. For every service identified, every column in the service table must be filled out. Include the title and rule number of the specific Special Education program or related service as determined by the IFSP team. Use the following program and service codes as a reference.

If there are not multiple services, there may be empty rows in this table.

Program Codes
340.1862 Special Education Services for Birth – Three
Service Codes
340.1701c Occupational Therapy

340.1701c	Orientation/Mobility
340.1701c	Physical Therapy
340.1701c	School Psychology
340.1701c	School Social Work
340.1745	Speech/Language
340.1749	Teacher Consultant (VI, DHH, TBI, etc.)

Early Intervention Service: The IFSP **must** include a statement of the specific Early Intervention Services identified in section 303.13 of the Federal regulations. Therefore, it is necessary to **also** include the appropriate Early Intervention Service in the box that describes the Special Education service or program the child is receiving. Do not make a separate row for the early intervention service code as this gives the impression that the services are cumulative or in addition to the special education services.

Both the Michigan Special Education and the Early On® Service Code should appear in the same box. Occasionally, there is not an equivalent Michigan Special Education code (such as for audiological services.) In that case, it is acceptable to select just the Early On® service code.

Page 5 of IFSP (Continued)

Early Intervention Services (Continued)

Select from the following list of Early On® Service Codes. There are a total of 17 from which to choose. Typically, Code 14 (Special Instruction) fits nicely for children receiving 340.1862

Service Codes:

1 **Assistive Technology Device and Services:** Includes services that directly assist a child with a disability in the selection, acquisition or use of an assistive technology device. Services include: evaluation; purchasing or leasing devices; selecting, fitting, maintaining, repairing or replacing

devices; coordinating therapies, interventions or services with devices; training or technical assistance for a child with disabilities, or the child's family, training or technical assistance for professionals or others who provide services to the child.

2 **Audiology Services:** Services that identify children with auditory impairment, including the determination of range, nature, and degree of hearing loss and communication functions; referral for medical and other rehabilitation services; provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services; provision of services for prevention of hearing loss and determination of child's need for individual amplification.

3 **Family Training, Counseling and Home Visits:** Services provided by social workers, psychologists, or other qualified personnel to assist the family in understanding the special needs of the child and enhancing the child's development.

4 **Health Services:** Services necessary to enable a child to benefit from other early intervention services including clean intermittent catheterization, tracheotomy care, tube feeding, changing of dressings or colostomy collection bags, and other health services; consultation by physician with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services. Medical services does **NOT** include the following: services that are surgical in nature, purely medical in nature, devices necessary to control or treat a medical condition or medical-health services that are routinely recommended for all children.

5 **Medical Services:** Services for diagnostic or evaluation purposes only that are provided by a licensed physician to determine a child's developmental status and need for early intervention services.

6 **Nursing Services:** Services that include the assessment of health status for providing nursing care; identification of patterns of human response to actual or potential health problems; nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and administration of medications, treatments, and regimens prescribed by a license physician.

7 **Nutrition Services:** Services include conducting individual assessment in nutritional history and dietary intake; anthropometric, biochemical and clinical variables; feeding skills and feeding problems; food habits and food preferences; developing and monitoring appropriate plans to address nutritional needs; making referrals to appropriate community resources to carry out nutrition goals.

Page 5 of IFSP (Continued)

Early Intervention Services (Continued)

8 **Occupational Therapy:** Includes services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor and postural development to improve functional ability to perform tasks in home, school and community settings; adaptation of the environment and selection, design and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

9 **Physical Therapy:** Services that address the promotion of sensory-motor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. Services can include screening, evaluation, and assessment to identify movement dysfunction; obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; providing individual and group services and treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

10 **Psychological Services:** Services include administering psychological and developmental tests and other assessment procedures; interpreting assessment results; obtaining, integrating and interpreting information about child behavior and child and family conditions related to learning, mental health and development; and planning and managing a program of psychological services including counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.

11 **Service Coordination:** Services provided by a service coordinator to assist and enable an infant or toddler with a disability and the child's family to receive the services and rights, including procedural safeguards required under Part C including: coordinating all services, serving as the single point of contact, assisting infants/toddlers and their families in accessing services, coordinating evaluation, assessments, IFSPs, transition planning, and making referrals.

12 **Sign Language and Cued Language:** Includes services to teach sign language, cued language, and auditory/oral language, providing oral translation services and providing sign and cued language interpretation.

13 **Social Work Services:** Services include making visits to evaluate a child's living conditions and patterns of parent-child interaction; preparing a psycho-social developmental assessment of the child within the family context; providing individual and family group counseling with parents and other family members and appropriate social skill building activities with the child and parents; working with those problems in a child's and family's living situation that affect the child's maximum utilization of early intervention services; and identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive

maximum benefit from early intervention services.

14 **Special Instruction:** Includes the design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction; curriculum planning that leads to the achieving the outcomes in the child's IFSP; providing families with information, skills and support related to enhancing the skill development of the child; and working with the child to enhance the child's development.

Page 5 of IFSP (Continued)

Early Intervention Services (Continued)

15 **Speech Language Pathology Services:** Includes the identification of children with
communicative or oropharyngeal disorders and delays in development of communication skills, including diagnosis and appraisal of specific disorders and delays in those skills; referral for medical or other necessary professional services necessary for the rehabilitation of a child with communication delays; provision of services for the rehabilitation, habilitation or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.

16 **Transportation and related costs:** Includes the cost of travel and other costs that are necessary to enable children with disabilities and their families to receive early intervention services.

17 **Vision Services:** Includes the evaluation and assessment of visual functioning, including diagnosis and appraisal of specific delays or disorders; referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders or both; and communication skills training, orientation and mobility training for all environments, visual training, independent living skills, and additional training necessary to activate visual motor abilities.

Frequency (# of Days or Sessions): Identify the number of days or sessions the child will receive.

Length of Session: Identify how long each session will be in minutes and/or hours.

Intensity: Check the box to indicate if the service will be provided in an individual or a group setting.
Choose only one. If child is receiving both, it should be recorded on two separate lines.

Method: Identify whether service is direct service, consultation, etc. All 340.1862 (ECSE service) is direct service.

Start Date: Identify the date the service is expected to begin. This date should be as soon as possible after the IFSP meeting. **All services need to be implemented within 30 days of the signing of the IFSP.**

End Date: Identify the date in which the service is anticipated to end. The end date should reflect the outcomes addressed in the IFSP.

Location: Check the box to indicate the location in which the service will be provided. If the location is not in the home or community setting, check other and provide justification in the space provided below.

Payor: Check the appropriate box. The IFSP must clearly identify who will pay for each service identified in this section. If a child is eligible for Michigan Special Education, select LEA.

Page 5 of IFSP (Continued)

Justification for Services Not Provided in Natural Environment

NOTE: *It is the policy of Michigan Department of Education to ensure that all early intervention services provided under Early On® are provided in natural environments consistent with the provisions of Part C of IDEIA. Natural Environments mean settings that are natural or normal for the child's age peers who have no disability. The natural environment for infants and toddlers is usually the home or a community-based setting. A Special Education classroom is* ***never*** *a natural environment.*

If services will be provided in a setting other than a natural environment, include the justification in this section. Be sure the justification is related to the individual and developmental needs of the child. Each service that is not provided in the natural environment must be justified individually.

Other Supports and Services

NOTE: *Federal regulations require that the IFSP must also identify medical and other services that the child or family needs or is receiving through other sources, but that are neither required, nor funded, under Part C. If those services are not currently provided, the IFSP must include a description of the steps the Service Coordinator or family may take to assist the family in securing those services.*

Identify the service or support that the child or family needs but is not required or funding under Early On®. On the right side of the table, clearly identify the steps that the Service Coordinator or family will take to secure those services. It is not

required to have something identified in this space.

IFSP Page 6

Team Members and Contributors

NOTE: *All individuals who attend the IFSP Team meeting must be listed in this section. This should not be completed in advance, as signatures are a useful way of documenting attendance.*

Participants in an IFSP Team meeting for a child found eligible for Michigan Special Education shall, at a minimum, include all of the following: A LEA representative or district designee, a Special Education teacher, a member of the MET, the parent and the Service Coordinator. Others who may attend the IFSP Team meeting include additional teachers who provide programs and services to the child, related service providers, a representative of any other agency likely to be responsible for providing services, other individuals who have knowledge or special expertise regarding the child or anyone else the parent wishes to invite.

Fill out the chart that identifies all Team Members and contributors to the development of the IFSP. If a Team Member is not present, note their method of participation in the signature box. Be sure to check the box to indicate which Team Members participated in the evaluation process.

Prior Written Notice

NOTE: *Early On® is required to provide parent(s) with prior written notice of certain activities. These activities include proposing or refusing to initiate or change the provision of appropriate early intervention services/programs. Because Prior Written Notice is embedded within the IFSP it is not necessary to use a separate PWN form.*

❑ **Early On® is proposing to initiate the start of services. Reason(s) why service(s) on page 5 are proposed to start:**
Check the box and indicate the reason why the early intervention services identified on page 5 of the IFSP are proposed to start in the space provided.

Also indicate the following information if appropriate:

❑ **Any service(s) proposed, but not accepted by the parent(s), thus not listed on page 5:**
Check the box if there were services proposed by Early On® or Michigan Special Education that were not accepted by the parent, so they were not listed on page 5 of the IFSP. List the services that were not accepted by the parent in the space provided.

❑ **Any service(s) discussed at the IFSP meeting, but not selected by Early On® and why not selected:**
Check the box if there were services discussed at the IFSP but not selected by the LEA. List the services discussed and the reason why they were not selected in the space provided.

❑ **The IFSP Team has found your child is ineligible for Part C and Special Education services:**
Check this box if the child was found ineligible for Michigan Special Education and Part C.

❑ **The IFSP Team has found your child is ineligible for Special Education but will continue to be served on existing IFSP:**
Check this box if the child was referred for a Special Education evaluation from a Part C Only provider and has a current Part C Only IFSP. Be sure family understands they will continue to receive Early On® services from their current Service Provider.

Family Rights:
Remind parents of their family rights and document language/mode of communication if necessary.

IFSP Page 6 (Continued)

Parent Signature and Consent

NOTE: *The parent(s) need not sign the IFSP form at the meeting. The parent(s) shall have 10 calendar days after receipt of notice to provide written consent for*

initial placement.

❑ **Please check all that apply:**
Parent should check the appropriate boxes, indicating whether or not they have had their rights explained to them, received their procedural safeguards, and consent to the provision of early intervention services.

If parents do not consent, they may check the last box indicating they do not consent to the provision of early intervention services.

Parent must sign and date the IFSP in the space provided.

Please fax completed pages 1 and 5 of the IFSP to Oakland Schools at 248.209.2522. Also complete and attach the Entry COSF rating form to the IFSP prior to faxing the documents.